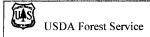


MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES	
					1	2	
			OOPERATOR GRANT or	3. MODIFICA	TION NUME	ER:	
10-FI-11051753-017 AGREEMENT N							
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMI PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):						ERING	
Tahoe National Forest			Tahoe National Forest				
631 Coyote street			631 Coyote street				
Nevada City, CA 95959			Nevada City, CA 95959				
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):				
4, county): Dobbins/Oregon House			paymeia use omy).				
Fire Protection District							
P.O. Box 164							
Oregon House, CA 95962							
8. PURPOSE OF MODIFICATION							
CHECK ALL	This modification is issued pursuant to the modification provision in the grant/agreement						
THAT APPLY: referenced in item no. 1, above.							
\boxtimes	CHANGE IN PERFORMANCE PERIOD: 04/15/2012- 04/15/2013						
	CHANGE IN FUNDING:						
	ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist, 631 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Email:jvhefner@fs.fed.us;						
\boxtimes							
<u> </u>	Change ADFMO contact to: Robert Noxon, Telephone (530)288-3231 OTHER (Specify type of modification):						
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.							
9 ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):							
Annual Operating Plan for 2012 is the same and will remain in effect through 04/15/2013							
10. ATTACHED DOCUMENTATION (Check all that apply):							
	Revised Scope of Work						
	Revised Financial Plan						
	Other:						
11. SIGNATURES							
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF							
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED							
GRANT/AGREEMENT. 11.B. DATE 11.C. U.S. FOREST SERVICE SIGNATURE 11.D. DATE 1							
11.A. Dobbins/ Oregon House FPD SIGNATURE 11.B. DATE SIGNED SIGNATURE 11.B. DATE SIGNED						SIGNED	
Tlong (1) 129/12 (m / 4/18/						4/11/12	
(Signature of Signatory Official)			(Signature of Signatory Official)			// 4/1-	
11.E. NAME (type or print): LLOYD APPLEBY			11.F. NAME (type or print): TOM QUINN				
11.G. TITLE (type or print): Board President			11.H. TITLE (type or print): Forest Supervisor				
12. G&A REVIEW							
12.A. The authority and format of this modification have been reviewed and approved for signature by: 12.B. DATE SIGNED							
Kallin Hanulte							
KELLIE L. HAMILTON, R5							
U.S. Forest Service Grants & Agreements Specialist							



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